HEALTH SERVICES UTILIZATION AND RESEARCH COMMISSION

Annual Report 2002-03

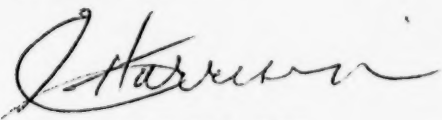
103-06608/

The Honourable John T. Nilson, Q.C.
Minister of Health
Legislative Assembly
Regina SK S4S 0B3

Dear Mr. Nilson:

I am pleased to submit, for your consideration, the last annual report of the Health Services Utilization and Research Commission, covering the period April 1, 2002 to January 31, 2003.

Respectfully submitted,



E.L. Harrison, PhD, MSc, BPT
Chair

Health Services Utilization and Research Commission

The mission of the Health Services Utilization and Research Commission is to promote the wellness of the people of Saskatchewan by fostering the efficient and effective utilization of health services and by stimulating, funding, and promoting research in the healing arts and health sciences.

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Statement from the Chair

This is the last annual report of the Health Services Utilization and Research Commission (HSURC). I am saying farewell to the Commission after five years as Chair and do so with very mixed emotions: sadness that certain relationships are ending or changing; pride at HSURC's many accomplishments during its action-packed 11 years; and excitement about moving on to the next phase of our work in helping to improve health and health care in Saskatchewan. This statement will be longer than usual to permit some reflection on HSURC's achievements over the years.

HSURC evolves into two new agencies

Last year at this time, we expected HSURC to be replaced quite quickly by two new agencies – the Health Quality Council (HQC) and the Saskatchewan Health Research Foundation (SHRF). In fact, HSURC continued for another ten months. *The Health Quality Council Act* was proclaimed on November 22, 2002, creating the HQC and separating it from HSURC. *The Saskatchewan Health Research Foundation Act* was proclaimed on January 31, 2003, creating the SHRF and ending HSURC.

The Health Quality Council is the first agency of its kind in Canada, with a mandate to report on and recommend innovative ways to improve quality within the province's health system. It will work closely with government, regional health authorities, and health care professionals to address a wide range of issues, such as: developing evidence-based standards; identifying and promoting best practices; conducting research on quality improvement; monitoring and assessing system performance; evaluating new technology, drugs and other clinical developments; and informing the public about the quality of health services in Saskatchewan.

The HQC grew out of a recommendation in Ken Fyke's report, *Caring for Medicare* (April 2001) for such a body and is a key component of Saskatchewan Health's *Action Plan for Saskatchewan Health Care* (December 2001). HSURC's research officers, knowledge transfer staff, and some administrative staff moved to the HQC to form a strong core for carrying out the new quality-focused mandate. Those of you interested in system improvement and knowledge transfer should be sure to follow the HQC's progress on its web site: www.hqc.sk.ca.

The Saskatchewan Health Research Foundation carries on the research funding work of HSURC (1992-2003) and its predecessor, the Saskatchewan Health Research Board (1979-1992). The *Fyke Report* recommended Saskatchewan increase spending on health research to the equivalent of at least 1% of the health budget – about $25-million in current terms – as part of a strategy to renew health science education programs and improve the health-care system. It was one of five "supporting changes" that Mr. Fyke considered necessary to enable all his other recommended changes. The *Action Plan for*

Saskatchewan Health Care promised an immediate $2-million addition to the existing $5-million annual research investment – with further increases to follow as resources permit. This is indeed good news for health research in our province.

The Foundation will be responsible for most of the province's health research funding and has been given an expanded mandate that includes a stronger emphasis on sharing research knowledge with the public and health professionals, assisting the Minister of Health in developing and implementing a provincial health research strategy, and seeking new sources of revenue to advance health research. A key early initiative is the strategy advice project, which will be done in consultation with colleagues and partners around the province. Those of you interested in offering input on the strategy or learning more about it should watch for developments on the Foundation's web site: www.shrf.ca.

The year in review

In HSURC's last year, staff carried on their work diligently while also preparing for the major change ahead. In the utilization research area, we concluded some projects and moved forward on several others. An evaluation of clinical practice guidelines (CPG) wrapped up an important chapter of HSURC's work over the past decade in developing and promoting CPGs. Projects that continued during the year and will be transferred to the HQC include the following: a study about improving the effectiveness of emergency medical services; participation in an evaluation of a healthy workplace initiative; two studies related to osteoporosis and hip fracture; exploring the development and use of integrated care pathways; looking at ways of improving mental health care in primary care settings; and continuing our efforts to promote knowledge exchange to ensure evidence informs health care decisions and policy making. These are described more fully in a later section.

In the research funding area, we continued our core programs to stimulate health research in the province. These included support for new faculty to establish their research programs here, research fellowships for advanced research training, conference grants to promote knowledge exchange and collaboration, and targeted programs to encourage more applications for national grants. We were able to respond to a higher than usual demand for establishment support this year, due to the high quality of the applications and the availability of some unspent funds. In addition, we continued several strategic and very productive partnerships – the Saskatchewan Population Health and Evaluation Research Unit, the University Co-ordinator of Health Research position, and the Saskatchewan - Canadian Institutes of Health Research Regional Partnership Program. Please see the Funding section for more details.

The year also brought an office move in late summer. HSURC had outgrown its space in the Old Laundry Building, which it rented from the Saskatoon Health District for ten years, so a move was in the works in any case. With the advent of the HQC and SHRF, the timing was right to secure space for each new organization. After exploring various

alternatives, the Board approved one-year leases for two separate sites in the Atrium Building at Innovation Place in Saskatoon.

I commend our staff for their continued top-notch work and commitment during this rather uncertain period, and I thank my fellow board members for their leadership in steering HSURC through its final year.

The decade review

HSURC grew and evolved during the 1990s, reflecting major health system change and some extreme ups and downs on the national health research-funding scene.

When we began our utilization research work in 1992, we were charting new territory, with only a handful of agencies and researchers in Canada addressing ways of improving the effectiveness and efficiency of the health system. Much of this activity was in academic centres, so HSURC was unique because of its applied, grounded approach to health service utilization research. The Commission was considered one of the pillars of health reform in Saskatchewan – supplying research-based evidence to help improve health service delivery.

Initially, HSURC devoted considerable attention to clinical practice guidelines – developing them in partnership with stakeholders and encouraging their application to ensure appropriate use of services. We produced CPGs on thyroid function testing, electrocardiogram testing, PSA testing, prenatal ultrasound, cervical cancer screening, cholesterol testing and treatment, and chest radiography. While several of the CPGs led to changes in service patterns, others did not. Our newly released evaluation of CPG impact suggests that guidelines can enhance physician practice but that patient demand for testing is also a major influence. While evidence is essential, co-ordinated education for the public and health professionals is crucial for ensuring practice guidelines achieve their intended effect.

Another major component of our inhouse utilization research focused on broader system-level issues. These included the Barriers to Community Care study that looked at the acuity of each day of stay in a range of acute care hospitals (rural to urban) in Saskatchewan; based on study results, we recommended ongoing monitoring of hospital performance and increased physician accountability for efficient bed use. Our Hospital Utilization Patterns study examined the impact of closing 52 small hospitals in the early days of health reform; we found that Saskatchewan communities affected by the funding cuts actually had the largest declines in death rates. In the mid-1990s, we launched a three-part study of home care started, looking at cost-effectiveness of post-acute (after hospital) home care, home care as substitute for long-term care, and preventive home care. Other system studies looked at the feasibility of a provincial cervical cancer screening system, optimal drug prescribing patterns, elective surgery prioritization, organization of emergency services, the mental health service system, genetic testing, and system quality indicators. We also contributed to the Western Canada Wait List Project,

which identified the absence of standardized data on wait lists across Canada and the need for new tools for managing wait lists.

We were also part of a nationally funded collaboration called HEALNet (Health Evidence Applications and Linkage Network) to research, develop and test decision tools for health and health care. The project began in 1996, with the regional planning theme housed at HSURC. Later known as the Regionalization Research Centre, it separated from HSURC in June 2002. It is now called the Canadian Centre for the Analysis of Regionalization and Health (CCARH), and is based in Saskatoon. Its work includes researching the impact of regionalization across Canada and facilitating interactivity between researchers and decision makers.

It's fair to say that over the years we made substantial and important contributions to the body of evidence on improving the health service system. Ensuring the evidence was put to use improving service delivery presented a greater challenge. As our CPG evaluation showed, the process of encouraging the uptake and application of evidence is complicated. Our early efforts in this area were guided by a passion for clear, easy-to-read research summaries and reports that were systematically and widely distributed to health professionals and policy makers in Saskatchewan. Our newsletter, *A Closer Look*, and our Health Clips service became well known not only provincially but also nationally. Over time it became clear, however, that additional and different techniques were needed to increase awareness and uptake of evidence.

We established a knowledge transfer (KT) unit in 1999 through which HSURC staff worked with health system partners to promote evidence-based practice. Our KT program had two major thrusts: sustained interaction with decision-makers and building capacity among planners and managers to apply evidence in decisions. We accomplished the first through regular environmental scanning and extensive face-to-face meetings with audiences following the release of research projects. The latter was the focus of a utilization management network that brought together managers from all health districts in the province to build knowledge and share ideas.

With HSURC's experience and reputation in health services research and knowledge transfer, it was a natural evolution for that part of our organization to form the basis of the new Health Quality Council. The products of our inhouse research can be accessed on the internet, currently on the HSURC web site and later in archives on the HQC web site.

On the research funding side of the organization, our work was more straightforward but also challenging in its own right. Our goal was to stimulate and fund health research but to do so on a rather limited budget. With just over $1-million per year to devote to this mandate, we struggled to meet all the potential demands and help Saskatchewan's researchers compete on the national scene when other provinces were investing huge sums by comparison – e.g., Quebec at $50-million plus and Alberta at $25-million plus. Needless to say, part of our funding role was promoting the value of health research and lobbying for a greater provincial investment. We also lobbied, with others, the Medical

Research Council (MRC) of Canada (which later became the Canadian Institutes of Health Research, or CIHR) to ensure its funds were distributed more equitably among provinces rather than being concentrated in the richest provinces. These efforts had modest success with some increased provincial investment during the 1990s and the establishment of a special regional partnership program by the MRC.

"Partnership" is a constant by-word in the research-funding world, with agencies attempting to stretch dollars and enhance research activity by working with others. We have had several very successful partnerships. One is the Saskatchewan Population Health and Evaluation Research Unit, a multi-party collaboration to develop a strong base of population health research in the province and inform the public policy debate about health determinants. A second is the Saskatchewan – CIHR Regional Partnership Program (RPP), mentioned above, designed to increase the amount of CIHR funding coming to Saskatchewan, with provincial funds matching federal funds 1:1. Third is the University Co-ordinator of Health Research, a position devoted to increasing and improving applications for federal health research grants. All of these initiatives have led to more and stronger health research activity in Saskatchewan, as the descriptions in later sections outline.

Our grants and awards programs, explained in a later section, formed the core of our funding activities. There have been some constants in the mix, including establishment grants and fellowship awards, which help ensure a reasonable base of activity. In addition, we have offered various special programs over the years to encourage certain types of research, such as group grants to increase multidisciplinary work, socio-health development grants to help kick-start projects in areas outside biomedical research, and strategic initiatives that target national programs. In 11 years, we have invested just over $14-million via our grants and awards programs and supported about 275 projects.

We have also made progress in evaluating the impact of our funding programs. As others who tackle this, we realize that it is relatively easy to count publications and additional grants, which we do based on the reports we require from all grantees. More challenging is assessing the longer-term impact on the health of the population, the health system, the education system, and the general productivity of society. There are difficulties with attributing certain results to certain programs or grants, of course, because each researcher is supported by his/her employer and by grants from others agencies. Also, research can span many years, even decades, complicating the assessment of outcomes and impact from any particular grant or program. Several years ago we implemented a five-year followup survey of our grantees and we are now beginning to compile some longitudinal data to address these issues. We will continue this work under the SHRF.

HSURC, and the SHRB before it, supported a broad range of health research, including biomedical, clinical, health services, and population health research. All of these are essential to support the health system and help improve the health of our population. We will continue this broad support under the SHRF and look forward to having more

resources for this work and for ensuring it provides benefits for health and health services in our province.

In closing

As both new agencies go forward out of HSURC, they carry with them a strong foundation of experience, knowledge, and skills. Each has more resources with which to achieve its broadened scope but at the same time each will benefit from a more focused role. I wish all the staff and board members at the Health Quality Council and the Saskatchewan Health Research Foundation well as they chart their new courses.

E.L. Harrison, PhD, MSc, BPT
Chair, HSURC

General Information

Legislative authority and mandate

The Health Services Utilization and Research Commission is an arm's-length, government-funded agency with a dual mandate: to assess Saskatchewan's health system and recommend evidence-based changes, and function as the provincial health research granting agency. It was established by the province through an order-in-council in February 1992. HSURC later had its own provincial legislation, *The Health Services Utilization and Research Commission Act*, which received royal assent from Saskatchewan's lieutenant-governor in June 2, 1994 and remained in effect until January 31, 2003, when it was repealed, ending HSURC.

The HSURC Act directed us to do health services research in addition to carrying on the granting agency mandate inherited from the Saskatchewan Health Research Board. Specifically, our legislated objectives were to:

- study the factors affecting the health of individuals or groups;
- study the factors affecting the use of health services and health services resources;
- study the effectiveness of health procedures, practices, and technologies;
- identify practical means to better utilize health services and health services resources;
- report to the Minister results of our studies and research, and make recommendations to the Minister based on studies and research;
- study matters respecting health services referred to us by the Minister;
- inform Saskatchewan residents and providers of health services of our study findings, or research funded by the Commission;
- provide reports, research, and consulting services to any person, agency, or body; and,
- fund and otherwise stimulate in Saskatchewan, studies of and research in the basic and clinical health sciences and the health-related social sciences pertaining to human health status.

Structure

Under *The HSURC Act*, the chair and vice-chair are designated by the lieutenant-governor.

Commission members may hold office for up to three years per term. They are eligible to be reappointed but for not more than two consecutive terms.

At least two commissioners must be faculty of the University of

Saskatchewan, and at least one must be faculty of the University of Regina.

Appendix 1 lists the board members who served during 2002-2003.

Staff

As of December 31, 2002, these core staff were employed by HSURC and transferred to Health Quality Council:

Laurence Thompson, Chief Executive Officer
Greg Basky, Communications Officer
Maureen Bingham, Co-Director, Knowledge Transfer Unit
Bonnie Brossart, Senior Research Officer
Kelly Chessie, Research Officer
Lisa Clatney, Research Officer
Tanya Dunn-Pierce, Research Officer
Dianne Ferguson, Co-Director, Knowledge Transfer Unit,
Laurie Gander, Senior Research Officer
Noreen Grenkow, Research Assistant/Communications Assistant
Nedeene Hudema, Research Analyst
Heather MacDonald, Research Officer
Barb Nisbet, Office Manager

As of January 31, 2003, these core staff were employed by HSURC and transferred to Saskatchewan Health Research Foundation:

June Bold, Director of Grants and Awards (and Interim CEO of HSURC, December 31, 2002 to January 31, 2003)
Sherry Wailing, Accountant
Val Ziegler, Administrative Secretary

Utilization Research

How we conduct research

For each study, the Commission establishes a working group of stakeholders that is chaired by a board member. Our goal is to assemble multi-disciplinary, representative panels to guide projects. Group composition is determined largely by the study topic. Specialists, general practitioners, nurses, administrators, and representatives of other health occupations and the public have participated on our working groups.

For most studies, the working group chair and HSURC staff draft terms of reference. This information is presented to the group for review and revision at its first meeting, along with a review of the health sciences literature and any data that have been collected.

Working group members generate study questions and hypotheses, advise the Commission on data collection and analysis, guide the work of research staff, review drafts, and develop recommendations. Appendix 2 lists working group members for HSURC studies.

Projects completed in 2002-2003

Bone mineral density (BMD) testing services

Bone mineral density testing is used to both diagnose and manage osteoporosis; it is among the fastest growing tests in Canada. There is no consensus, however, on who should be tested.

We conducted our study to determine who is being referred for BMD testing in Saskatchewan, current testing capacity in the province, and how the two compare with the latest evidence on best practices.

Our findings indicate that Saskatchewan patients are being referred appropriately for BMD testing and that the current testing capacity in the province is inadequate to meet the growing need for this service.

On the basis of our findings, we recommend

- Saskatchewan Health—in collaboration with the regional health authorities—consider increasing capacity in the province for BMD testing.
- Programs be developed to educate both health care providers and the public on best use of BMD testing, with a focus on identifying and assessing

those at highest risk of osteoporosis.
- Support be provided for programs that address other factors shown to increase the risk of fracture in people with osteoporosis.

Clinical practice guidelines – Evaluating HSURC guidelines

Our evaluation of HSURC's practice guidelines yielded mixed results. The evaluation showed that service use decreased immediately and appropriately after we released our guidelines on thyroid, electrocardiogram, and PSA testing, and this decrease was sustained for three years. However, our other four guidelines (prenatal ultrasound, cervical cancer screening, cholesterol testing and treatment, and chest radiography) had no effect on service use. These results are similar to those found in other provinces. A key finding in our evaluation was that patient demand for testing influences physician practice.

Based on these results, we concluded that CPGs can enhance physician practice but that dissemination plans must be tailored to address the unique circumstances—including the influence of patient demand—surrounding each guideline. In December, we released a project report in which we recommend:

- Education campaigns to align public expectations and provider practice with the latest research evidence,
- Development of a provincial strategy to promote evidence-based guidelines,
- Use of decision support systems that incorporate CPGs, and
- Development of systems that support the use of guidelines in clinical practice.

Current projects

Clinical practice guidelines – Updating HSURC guidelines

Clinical practice guidelines are, by their nature, a dynamic medium. The body of knowledge upon which individual guidelines is based grows and changes with the release of new research evidence.

In January, we distributed a bulletin to Saskatchewan physicians outlining the current status of all eight of the clinical practice guidelines developed by HSURC between 1992 and 1997.

We review our guidelines at least every three years, to ensure that they reflect the latest evidence. The Commission withdrew its guidelines on cholesterol testing and treatment, after a review found major revisions were needed to make it consistent with the latest research.

Emergency medical services

In a survey conducted as part of a broader study on the impact of funding cuts to rural hospitals, residents told us access to emergency services was a key concern for them. Through this project, HSURC is looking at ways to improve the effectiveness of the emergency medical response system in rural Saskatchewan.

In June, we released a discussion paper and subsequently held meetings around the province to determine what information was available for evaluating our emergency medical response system. Based on priority areas identified at these community sessions—and the absence of research evidence on this subject—our working group decided to host a consensus meeting involving "knowledge users." At this meeting, participants were asked to identify appropriate province-wide system indicators of effectiveness, and a process by which to collect and analyze the data and to interpret the indicators.

Meeting participants agreed on three topic areas from which to select a set of indicators: personnel, skills, and protocols; response time; and, patient disability, morbidity, and long-term rehabilitation. Our project team is reviewing the literature and clarifying indicators for each of these topic areas.

Health human resources

Human resources issues present an ongoing challenge in Saskatchewan's health system, as they do elsewhere in Canada. We are working with the Saskatchewan Registered Nurses' Association (SRNA) to evaluate a healthy workplace initiative—the Quality Workplace Program (QWP)—designed to increase retention of nurses, improve health outcomes, boost staff morale, and develop front-line leadership.

Our evaluation has two components: a process evaluation and an outcome evaluation. The process evaluation is looking at what happened during the program implementation, what components were valuable, and what could be improved. The outcome evaluation is looking at results: Did the program meet its objectives? And what was the impact of the program?

Hip fracture

Although hip fractures can occur at any age, they are most common in seniors and result in an increased risk of functional dependence and death. They are a leading cause of loss of independence and, because of the costs associated with preventing, treating, and managing hip fractures, place a considerable strain on the health care system.

The objective of this study is to identify the characteristics and outcomes of Saskatchewan seniors who sustain a hip fracture, and determine if there are differences between rural and urban patients.

During the past year, we began analyzing Saskatchewan Health data that enables us to link information from seven different administrative databases. We also conducted a survey of physical and occupational therapy rehabilitation services for post-hip fracture patients in the former 32 health districts. We will release the results in June 2003.

Integrated care pathways

HSURC is involved in a project on Integrated Care Pathways (ICPs) as part of its research theme of improving clinical effectiveness. The project has used a multi-pronged approach to encourage the development and

implementation of pathways in Saskatchewan.

The current focus is on a collaborative research project—involving the Universities of Saskatchewan and Regina, and Saskatoon and Regina-Qu'Appelle health regions—that is looking at the impact of ICPs on continuity of care for patients with two cardiac conditions (atrial fibrillation and heart failure). HSURC researchers have led the qualitative research related to pathway development and implementation, and have provided guidance on an economic analysis.

The ICP project includes ongoing knowledge transfer initiatives and is an externally funded, HSURC-supported research study. The Canadian Health Services Research Foundation (CHSRF) study research team functions as the working group for this aspect of the project.

Mental health in the primary care setting

Health system stakeholders in Saskatchewan have identified primary care and mental health as priority research themes. Through this project, we are addressing both areas. Our overall goal is to assist health regions to deliver effective and efficient mental health care in the primary care setting.

Specifically, we are examining:

- the effectiveness of shared mental health care, a model in which care is delivered collaboratively by family physicians and mental health practitioners in the general practice setting,
- the ways in which Saskatchewan family physicians currently address patients' mental health problems in their practices, and,
- challenges and possible solutions to implementing more effective models of primary mental health care in Saskatchewan.

During the past year, HSURC staff made significant progress on all of these fronts. We did a systematic literature review on the effectiveness of shared mental health care and a second review on the challenges and solutions to shared mental health care, we conducted a survey exploring family physicians' mental health practices, and hosted an all-day facilitated workshop involving psychiatrists, other mental health professionals, managers, and consumer advocates.

Knowledge Transfer

The Knowledge Transfer Unit is primarily responsible for ensuring the organization contributes to the application of new and existing health knowledge in the health system. During the past year we devoted considerable time and energy to "transition" activities, as the organization was winding down in preparation for the launch of two new agencies—the Health Quality Council and the Saskatchewan Health Research Foundation.

There is sustained interactivity with decision-makers.

Building, maintaining, and strengthening interpersonal relationships throughout the health care system is a cornerstone of our knowledge transfer efforts. While the uncertainties inherent in a transition period added an extra challenge to this process, the possibilities of the new organizations were intriguing enough to keep decision-makers interested and engaged.

Decision-makers are aware of and understand relevant research.

HSURC's Health Clips, a daily package of health services news and research links, brings new research evidence to the desktop of more than 2,000 subscribers across Canada—including almost 800 users in Saskatchewan. Subscribers' feedback on our experiments with formatting yielded considerable information around preferences. In response, we continue to send the entire package by email to all subscribers, but also post each day's items on our web site.

The final issue of the HSURC newsletter, *A Closer Look*, was published and distributed in July. During the past decade, this well-received publication was a major communications tool for us, sharing our findings, debates, research tips and news with people around Saskatchewan and across Canada.

Over 600 health system decision-makers in 20 sites around the province were introduced to the latest quality improvement research and activities through a satellite broadcast of the Institute for Healthcare Improvement's (IHI) annual conference in December 2002. This first-for-Saskatchewan event was made possible through the collaborative efforts of health regions, professional associations, and government.

Individual capacity to select and apply evidence is developed.

Our District Utilization Coordinator meetings provide opportunities to build research capacity and to network with Health Districts. The past year was one of transition for this group, as health districts were merged into regional health authorities.

Through a series of how-to articles in our *A Closer Look* newsletter, we tried to equip our readers with the skills required to interpret research evidence. We also posted the collection of articles in the "research tools" section of our web site.

Opportunities to apply evidence are available at the system level.

Knowledge transfer is still a relatively new field of study and practice. HSURC staff have connected with others in this field on a national level, to ensure we stay abreast of the latest evidence on effectively moving new knowledge into practice. We are represented on the board of the new Canadian Research Transfer Network and are an affiliate agency with the Centre for Knowledge Transfer.

HSURC staff are working collaboratively with representatives of other health organizations and associations to facilitate evidence-based decision-making in the areas of optimal drug prescribing, and research and

education around integrated care pathways.

Our knowledge transfer staff work closely with researchers and working group members on each HSURC research study, to help identify key system stakeholders, as well as opportunities for and barriers to implementation of recommendations.

Research Funding

Overview

The Commission's research funding mandate encompasses two broad areas of activity. One is offering financial support for health research done mainly in universities in Saskatchewan. We do this through our annual research funding competitions. Our other key activity is stimulating and promoting health research within the province, which we pursue through various initiatives—often in partnership with other key players in the health and university environments.

Our mix of program offerings is based on recent strategic planning and is intended to address the following priorities:

- continuing to play a developmental role, by helping Saskatchewan researchers obtain national-level funding;
- continuing to help new faculty establish their health research programs;
- contributing to advanced training through our research fellowships;
- exploring ways to lever more national health research funding for Saskatchewan; and
- targeting some support to research on priority health issues for Saskatchewan.

We made a major change to our socio-health funding this year, ending our long-standing operating grants that were open to researchers at all career stages. We now focus on establishment grants in this area as we do in biomedical research. This reflects national scene changes, with more funding opportunities available to socio-health researchers due to the broadened mandate at the Canadian Institutes of Health Research and targeted funds from the Canadian Health Services Research Foundation.

Within all our research funding programs, we define health research broadly as including basic bench science, clinical research, health services and health policy research, and research on the cultural, social and environmental determinants of health.

This year, we committed $1.8-million to our grants and awards programs (see Table 1). This is 40% higher than our historical annual average of $1.3-million. The increase resulted from a higher than usual number of establishment grant applications, especially in the socio-health area, and the availability of some unspent funds from previous years.

We also committed $100,000 to a partnership supporting a university health research co-ordinator position, $100,000 to the Saskatchewan-Canadian Institutes of Health Research Regional Partnership Program (Sask-CIHR RPP), and $275,000 to a fund for the Saskatchewan Population Health and Evaluation Research Unit (SPHERU).

In addition, we continued to manage $900,000 in other provincial funds, including another $250,000 for SPHERU (from Saskatchewan Health) and $650,000 for the Sask-CIHR RPP (from Saskatchewan Health and Saskatchewan Industry and Resources). Administrative costs for all our research funding initiatives were about $120,000.

Competition categories

During the 2002-03 fiscal year, we invited applications in the categories outlined below. The *HSURC Awards Guide*, published annually in December, describes fully all competition categories and related policies, including eligibility criteria and submission requirements. Our web site carries the guide, with all competition materials, and informs our audiences about changes during the year.

Research Establishment Grants are intended to help new university faculty establish their careers in human health research in Saskatchewan. Successful applicants receive up to $40,000 per year for a maximum of two years and are eligible to apply for an additional equipment grant simultaneously.

Establishment Equipment Grants allow new researchers to acquire major equipment essential to establishing their research programs. Only Establishment Grant applicants are eligible to apply for these awards, which offer a one-time maximum of $30,000.

Research Fellowships:

Postdoctoral Fellowships are available to individuals with a doctorate degree who want to develop their research skills through a period of independent, full-time investigation, and to equip themselves for a career in health research. The award includes a salary stipend of $35,000 per year for up to two years and an annual research allowance of $1,750.

Clinical Research Fellowships are intended for individuals with professional degrees in a human health area who wish to pursue a career as a clinician researcher in Saskatchewan. Award holders may undertake graduate research training during the fellowship. The award includes a salary stipend for up to two years and an annual research allowance of $1,750. There are two levels of stipend: a base level of $35,000 per year, and a second level of $45,000 per year for more experienced individuals.

Conference Grants of up to $5,000 are available to support conferences and meetings related to the development of health research and knowledge exchange in Saskatchewan.

Strategic Development Grants support teams led by Saskatchewan university faculty members preparing to submit a full proposal to a national strategic grant initiative, such as those offered periodically by the Canadian Institutes of Health Research. Work supported must be collaborative and multi-

disciplinary. The one-year grants offer a maximum of $30,000.

Opportunities Fund supports grants that respond to national opportunities requiring or benefiting from provincial support. Application and decision timelines are variable, depending on the national grant program being targeted.

Partnership Grants supplement grants obtained in a national strategic initiative that develop Saskatchewan's health research capacity and that require local financial support. HSURC makes decisions on a case-by-case basis in advance of the national application. Approval depends on obtaining the national peer-reviewed grant. The HSURC grant amount varies, depending on the initiative and available funds.

Focus on the Future Grants provide supplemental funding for graduate student support to Saskatchewan university faculty who succeed in obtaining a major national strategic, program, or group grant for health research in one of four priority areas for this program: rural health, aboriginal health, health policy, and health applications of the synchrotron. The grants, which must receive HSURC's initial approval before the national deadline, provide a maximum of $40,000 per year for up to three years.

Review process

All eligible grant and award applications are reviewed by committees of expert peers. Review committee chairs and members are generally drawn from the Saskatchewan research and health care community. The Commission is extremely grateful to its review committee members, who generously provide their expertise on a volunteer basis for three-year terms. Without them we could not operate our adjudication processes, which are the foundation of our granting program. During 2002-03, we had four review committees: Biomedical Establishment Grants, Socio-Health Grants and Awards, Biomedical Personnel Awards, and Strategic Development Grants. Committee members are listed in Appendix 3.

All major research grant applications are also reviewed by two out-of-province experts. These external reviews form an essential part of our review committees' deliberations. Review criteria include scientific merit, importance to the field of study, feasibility, and relevance to health. Committee members adjudicate and rank applications and, based on those results, recommend worthy applications to the Commission. Final approval by HSURC's board depends on resources available to the Commission and program budget allocations.

Ensuring accountability

We have established a number of mechanisms to ensure the public receives the best possible value for its investment in health research. The Commission assesses all grant applications on the basis of rigorous peer review, strict rules and eligibility criteria, and ethical guidelines. All successful applicants must submit

interim and final reports, and HSURC tracks grant recipients' subsequent research successes (e.g., publications and further grant funding). We review our grant programs periodically to ensure they continue to meet our goals for health research development in Saskatchewan. We also monitor research trends and the activities of other provincial and national research funding agencies.

Profile of the twenty-third competition (2002-03)

The Commission approved grants totaling just over $1.8-million this year. Table 1 shows the number of applications received, the number recommended for funding by the peer-review committees, and the number approved. Appendix 4 lists all successful applicants and their research topics.

We received 17 applications for Research Establishment Grants in biomedical areas, up from our five-year average of 14. This likely reflects the recent increase in faculty recruitment to address rising retirement numbers. We approved eight biomedical establishment grants — all of which included equipment grants — for a total of $878,197, or 80% higher than last year. The investment went to support faculty beginning their research careers and studying a wide variety of basic science topics, including enzyme functioning, genetics, cancer, and cardiovascular functioning.

There were 11 applications for Research Establishment Grants in socio-health areas. This is a spectacular increase from previous years, when socio-health establishment application numbers were very low, usually one or two per year. Again, this likely reflects rising new recruitment but also growing activity in socio-health research. We approved five socio-health establishment grants, for a total of $267,000. Topics under study include the physical activity and nutrition in children, non-adherence to statin therapy, determinants of prenatal testing uptake, relationship between constructive anger and blood pressure, and physically aggressive behaviours towards staff in dementia care units.

Both the biomedical and socio-health establishment grant areas saw an increase in support from previous years. The increase reflects our increased maximum grant size, a larger number of very good applications, and some available unspent funds from previous years. Success rates in both groups was about 45% and there were still some highly rated grants left unfunded.

The Research Fellowship competition had 21 applications, just below our five-year average of 23. This included two from socio-health areas, a rather unusual occurrence, since virtually all our fellowship applications are normally for biomedical research. We awarded nine fellowships but only eight were taken up by their starting deadline. One of these was in the socio-health area. The total investment was $588,000, close to our five-year average.

We saw some good activity in our strategic grants. There were

seven Strategic Development Grant applications and we approved four, for a total of $110,691. These multi-disciplinary team grants are for research in the areas of healthy active children, end-of-life care, caring for aboriginal survivors of child abuse, and understanding fetal/neonatal neurological impairment.

Four Focus on the Future Grant applications were processed. All were still pending approval at year-end, waiting decisions from the national program being targeted, mostly at CIHR.

Finally, three Conference Grant applications were received and approved. Funded meetings will bring together researchers from Saskatchewan and beyond to share knowledge and advance understanding about oxidative stress in cardiovascular and nervous systems, community university research partnerships, and fetal/neonatal neurological impairment.

Partnership initiatives

Regional Partnership Program

This was the fourth year for the Saskatchewan-Canadian Institutes of Health Research Regional Partnership Program (Sask-CIHR RPP). Started in May 1999, the five-year program aims to reverse the sharp decline in federal health research funds Saskatchewan received in the 1990s. The provincial government and CIHR are each committed to investing $5-million toward this $10-million program. Provincial matching funds are provided by HSURC, Saskatchewan Health, and Saskatchewan Industry and Resources. HSURC manages and disburses the provincial funds, as directed by a local advisory committee comprising representatives of the funding partners and the province's two universities.

Applications that meet standards of scientific merit but are not supported by CIHR's regular funding pool are eligible for RPP support.

Saskatchewan's advisory committee decides which of these applications meet local criteria designed to ensure the program plays a developmental role in increasing health research capacity in the province. Priority is placed on Faculty Salary awards and Research Operating grants. The salary awards help retain professionals and ensure a foundation on which to build research capacity. The operating grants enable researchers without other CIHR funding to establish or maintain their research programs.

In 2002-03, the committee approved 6 operating grants, all of which included equipment grants. No Faculty Salary awards were approved, a decision based mostly on resource availability. Table 2 shows that new commitments totaled just under $1-million. Added to commitments from previous years, they bring the total for the five-year program to $8-million, or 80% of the overall fund.

A mid-term evaluation completed this year shows that the Sask-CIHR RPP is having a positive impact on health research capacity in the province. The decline of the 1990s has slowed and is leveling off. Researchers are more optimistic and more inclined to apply,

knowing there is a greater chance of being funded. The RPP supported the training of 40 students and jobs for 27 research support staff and helped sustain research programs that otherwise may have had to wind down. Almost 60% of RPP-funded researchers were successful in securing another major grant to sustain their research in the longer-run. Based on a University of Manitoba study, the economic impact of the $8-million in RPP funding to date is estimated at about $20-million for Saskatchewan.

This important program enters its fifth year in 2003-04, so its renewal should be a very high priority.

University Co-ordinator of Health Research

As part of a five-year partnership, the Commission provides $100,000 annually and the University of Saskatchewan (U of S), $50,000, to fund a university co-ordinator of health research and office support. Dr. Bruce Waygood took the position in July 2000.

Although housed within the office of the Vice-President Research at the U of S, Waygood works with an advisory committee comprising health research stakeholders across the province and plays a provincial role that includes:

- working with the University of Regina (U of R) to share information about health research funding opportunities and help foster collaboration on that campus and with other researchers in the province;
- informing researchers of health research funding opportunities;
- encouraging applications to CIHR and other national agencies;
- promoting collaborations among researchers from a broad range of health-related areas;
- lobbying the provincial and federal governments to ensure adequate support for health research in Saskatchewan; and,
- playing a lead role in developing Saskatchewan's response to CIHR initiatives.

A top priority initially for Waygood was establishing an internal pre-review process for all CIHR applications and then encouraging more faculty members to apply for national grant support. He was successful on both fronts. For example, the number of CIHR applications from Saskatchewan doubled in the September 2001 operating grant competition, and of our 50-plus applications, 12 were funded (25%), a significant increase over the usual three or four funded applications. These constituted 2.3 per cent of CIHR's funding in that round, up sharply from the low of 0.5 per cent to which Saskatchewan had fallen in earlier competitions.

This past year, the numbers were not quite so dramatic given the difficulty of sustaining an increase of that magnitude. However, we continued to see sustained Saskatchewan success at CIHR, with about half a dozen fully funded grants from each operating competition and several strategic grants approved. Also notable was a sharp reduction in the number of grants falling below 3.0,

CIHR's minimum rating for funding. This suggests an overall improvement in the quality of Saskatchewan grants. The next step will be increasing the number of applications from Saskatchewan going to CIHR. In other provinces, it is not uncommon for researchers to hold more than one CIHR grant, and Dr. Waygood will be encouraging and supporting Saskatchewan researchers to do the same.

SPHERU

The Saskatchewan Population Health and Evaluation Research Unit (SPHERU) is a strategic initiative of HSURC, Saskatchewan Health, the U of S, the U of R, and the Saskatchewan Association of Health Organizations (SAHO). The partners' vision is to develop a centre of excellence that builds capacity in this vital and growing area of research and benefits the health of the Saskatchewan people.

Core financial support for SPHERU comes from Saskatchewan Health and HSURC, with additional funding to be secured via the regional partnership program described above and other research grants and contracts. We manage the core funds and disburse them to the U of S and U of R for SPHERU faculty salaries and office support.

SPHERU has come a long way since the idea for the unit was originally conceived in mid-1990s and its incorporation in 1999 under *The Non-profit Corporations Act (1995)*. Under the direction of Dr. Ronald Labonte, SPHERU has grown to become an active and productive two-university unit, including eight faculty members, two administrative staff, and many graduate students, research fellows and associates, and contract staff. A multi-sectoral board, led by Dr. Ralph Nilson, guides the work of SPHERU.

SPHERU carries out policy-relevant, collaborative research and teaching in the following theme areas:

- economic and environmental globalism, governance, and health;
- community/environment as a health determinant;
- multiple roles, gender, and health;
- determinants of early childhood development;
- cultural identity and health; and
- employment, work and health.

SPHERU was successful in obtaining a major $1.89-million CIHR training grant this year, which will support innovative multidisciplinary post-graduate training in population health. It will focus on creating new health knowledge and applying research findings through partnerships with communities, policy-makers, and government. Over 30 Saskatchewan scholars from 10 disciplines, along with 17 faculty from outside the province, will help mentor our next generation of population health researchers. This is quite a coup for Saskatchewan, thanks to SPHERU's leadership.

Please see SPHERU's web site (www.spheru.ca) for full details about its history, staff, operations, achievements, and directions.

Table 1
Summary of Eligible Applications Received, Recommended, and Approved
Competition 23 (2002-03)

Grant Category	Received		Recommended		Approved	
	No.	$	No.	$	No.	$
Biomedical						
Establishment	17	$1,340,220	16	$1,262,769	8	$639,119
Equipment	13	378,680	13	378,680	8	239,078
SUBTOTAL	30	$1,718,900	29	$1,641,449	16	$878,197
Socio-Health						
Establishment	11	$661,336	7	$409,200	5	$267,000
Equipment	1	18,817	0		0	
SUBTOTAL	12	$680,153	7	$409,200	5	$267,000
Research Fellowships						
Postdoctoral Fellowships	21	$1,543,500	18	$1,323,000	8	$588,000
SUBTOTAL	21	$1,543,500	18	$1,323,000	8	$588,000
Focus on the Future*	4	$408,000	0		0	
Strategic Development	7	$203,064	4	$110,691	4	$110,691
Conference	3	$15,000	3	$15,000	3	$15,000
TOTAL	77	$4,568,617	61	$3,499,340	36	$1,858,888

*Decisions pending at year-end

Table 2
Summary of Grants and Awards Approved,*
Saskatchewan - Canadian Institutes of Health Research (CIHR)
Regional Partnership Program, 2002-03
(Year Four of a Five-Year Program)

Type	Length	Number Approved **		Approved Funding ($) **	
		Previous Years	Current Year	Previous Years	Current Year
Faculty Salary Awards	5 years	10	0	3,300,000	0
Operating Grants	2 years	28	6	3,601,546	860,576
Equipment Grants	1 year	11	6	139,642	82,456
TOTAL	--	49	12	7,041,188	934,032

* A list of approved grants and awards is available upon request.
** Approved amounts include both the CIHR and Saskatchewan contributions, matching 1:1.

Appendices

Appendix 1

Commissioners April 1/02 - January 31/03

The list includes members as at January 31, 2003.

Elizabeth Harrison (Chair)
Director, School of Physical Therapy
University of Saskatchewan
Saskatoon, SK

Gordon Asmundson
Associate Professor
Faculty of Kinesiology and Health Studies
University of Regina
Regina, SK

Dan de Vlieger
Professor Emeritus
Dept. of Political Science, Arts
University of Regina
Regina, SK

Irene Denis
Vice-President, Corporate and Support Services
Prairie North Regional Health Authority
Meadow Lake, SK

James Irvine
Medical Health Officer
Northern Health Districts
La Ronge, SK

Gordon Johnson
Professor Emeritus
Dept. of Pharmacology, Medicine
University of Saskatchewan
Saskatoon, SK

Barry Maber (Vice-chair)
Physician Vice-President
Saskatoon Health Region
Saskatoon, SK

Robert McCulloch
President and Chief Executive Officer
Saskatchewan Institute of Applied Science and Technology
Saskatoon, SK

Jean Morrison
Senior Vice-President, Nursing and Health Services
Saskatoon Health Region
Saskatoon, SK

Jeff Taylor
Associate Professor
College of Pharmacy and Nutrition
University of Saskatchewan
Saskatoon, SK

Rob Weiler
Anaesthetist
Saskatoon, SK

Appendix 2

Study Working Groups

Emergency Medical Services

Jean Morrison (Chair)
Jim Cross
Dale Dewar
Kay McCuaig
Randy ven der Buhs
Barb Biliske
Coral Dale
Murray Goeres
Glen Perchie
Adrienne Wendt

Evaluation of HSURC Clinical Practice Guidelines

Stewart McMillan (Chair)
Donald Cockcroft
Dennis Kendel
Robert Weiler
Peter Barrett
Anne Doig
Louis Poulin

Hip Fracture Study

Robert McCulloch (Chair)
Isabel Colvin
Edyta Dudzic
Dawn McNeil
Jack Reilly
Ashok Verma
Cathy Arnold
Sharon DeSantis
Curtis Loucks
Wojciech Olszynski
Peggy Tysdal
Susan Whiting

Health Human Resources: Evaluation of SNRA's Quality Workplace Project

Carolyn Hoffman (chair)
Carla Bolen
Diana Davidson Dick
Diane Garbolinski
Renee Holowaty
Rosalee Longmoore
Dianne Anderson
Donna Brunskill
Karen Eisler
Joanne Hader
Kelly Kummerfield
David McKillop

Mental Health in the Primary Care Setting

James Irvine (Chair)
Leslie Christianson
Dave Galloway
Nikki Gerrard
Doug Jurgens
Joseph Michel
Beth Vachon
Roger Bitschy
Greg Drummond
Moira Gautron
Roxanne Inch
David Keegan
Shirley Skelton

Appendix 3

Grants and Awards Review Committees

Biomedical Establishment Grant Review Committee

(Figures in parentheses indicate number of years served, including current competition.)

Gordon Asmundson (Chair) (2)
Faculty of Kinesiology and Health Studies
University of Regina
Regina, SK

Andy Allen (3)
Veterinary Pathology
Western College of Veterinary Medicine
University of Saskatchewan
Saskatoon, SK

Philip Chilibeck (2)
College of Kinesiology
University of Saskatchewan
Saskatoon, SK

Tanya Dahms (2)
Chemistry and Biochemistry
Faculty of Science
University of Regina
Regina, SK

John DeCoteau (2)
Pathology
College of Medicine
University of Saskatchewan
Saskatoon, SK

Eleanor Fernandez (2)
Oral Biology
College of Dentistry
University of Saskatchewan
Saskatoon, SK

Andrew Gloster (3)
Anatomy and Cell Biology
College of Medicine
University of Saskatchewan
Saskatoon, SK

Henry Tabel (3)
Veterinary Microbiology
Western College of Veterinary Medicine
University of Saskatchewan
Saskatoon, SK

Socio-Health Grants and Awards Review Committee

(Figures in parentheses indicate number of years served, including current competition.)

Liz Harrison (Chair) (2)
Physical Therapy
College of Medicine
University of Saskatchewan
Saskatoon, SK

Bob Hilsden (4)
Community Health Sciences
Faculty of Medicine
University of Calgary
Calgary, AB

Murray Knuttila (1)
Sociology and Social Studies
Faculty of Arts
University of Regina
Regina, SK

Lisa Lix (2)
Community Health Sciences
Faculty of Medicine
University of Manitoba
Manitoba, SK

Richard MacLennan (2)
Psychology
Faculty of Arts
University of Regina
Regina, SK

Suzanne Sheppard (1)
Physical Therapy
Royal University Hospital
Saskatoon, SK

Biomedical Personnel Awards Review Committee

(Figures in parentheses indicate years served, including current competition.)

Dan de Vlieger (Chair) (6)
Political Science
Faculty of Arts
University of Regina
Regina, SK

Neil Ashton (2)
Biology
Faculty of Science
University of Regina
Regina, SK

Patricia Blakley (3)
Pediatrics
College of Medicine
University of Saskatchewan
Saskatoon, SK

Keith Bonham (1)
Cancer Research Unit
Saskatchewan Cancer Agency
Saskatoon, SK

Donald Hamilton (3)
Veterinary Physiological Sciences
Western College of Veterinary Medicine
University of Saskatchewan
Saskatoon, SK

Suzanne Laferte (1)
Biochemistry
College of Medicine
University of Saskatchewan
Saskatoon, SK

Anurag Saxena (2)
Pathology
College of Medicine
University of Saskatchewan
Saskatoon, SK

Gordon Zello (2)
College of Pharmacy and Nutrition
University of Saskatchewan
Saskatoon, SK

Strategic Development Grant Review Committee

(Figures in parentheses indicate years served, including current competition.)

Liz Harrison (Chair) (2)
Physical Therapy
College of Medicine
University of Saskatchewan
Saskatoon, SK

Katherine Bergman (2)
Faculty of Science
University of Regina
Regina, SK

Gary Glavin (2)
National Microbiology Laboratory
Winnipeg, MB

Bill Roesler (2)
Biochemistry
College of Medicine
University of Saskatchewan
Saskatoon, SK

Research Funding Advisory Committee

Liz Harrison (Chair)
Physical Therapy
College of Medicine
University of Saskatchewan
Saskatoon, SK

Gordon Asmundson
Faculty of Kinesiology & Health Studies
University of Regina
Regina, SK

Patricia Blakley
Pediatrics
College of Medicine
University of Saskatchewan
Saskatoon, SK

Keith Denford
Biology
Faculty of Science
University of Regina
Regina, SK

Dan de Vlieger
Political Science
Faculty of Arts
University of Regina
Regina, SK

Thomas Hadjistavropoulos
Psychology
Faculty of Arts
University of Regina
Regina, SK

Lorrie Sippola
Psychology
College of Arts and Science
University of Saskatchewan
Saskatoon, SK

Barry McLennan
Office of the Dean
College of Medicine
University of Saskatchewan
Saskatoon, SK

Valerie Verge
Anatomy and Cell Biology
College of Medicine
University of Saskatchewan
Saskatoon, SK

Bruce Waygood
Office of Vice-President (Research)
University of Saskatchewan
Saskatoon, SK

Jerry Yager
Pediatrics
College of Medicine
University of Saskatchewan
Saskatoon, SK

Appendix 4
Awards Granted
Competition 23 (2002 – 2003)

Research Fellowships

Fellow (Supervisor), Department, Faculty, Institution, *Project or field of research*

Postdoctoral Research Fellowships (two years)

Carolyn Ashley (Wei Xiao)
Microbiology and Immunology, Medicine, University of Saskatchewan
The roles of MMS2 and its homologue, UEV1, in DNA repair, cell proliferation, and cancer

Diana Gubisne Haberle (Peter H. Yu)
Neuropsychiatry Research Unit, Psychiatry, Medicine, University of Saskatchewan
The involvement of SSAO-mediated deamination in protein cross-linkage, aggregation and amyloidogenesis related to Alzheimer's disease

Jue He (Xin-Min Li, co-supervisor Xia Zhang)
Neuropsychiatry Research Unit, Psychiatry, Medicine, University of Saskatchewan
Effects of lithium and oxytocin treatment on emotional signs of the cannabinoid withdrawal syndrome in rats

Joseph Fomusi Ndisang (Rui Wang)
Physiology, Medicine, University of Saskatchewan
HO/CO system in vascular smooth muscles and the pathogenesis of hypertension

R. James Pearson (Rui Wang, co-supervisor Tom Wilson)
Physiology, Medicine, University of Saskatchewan
The physiological effects of hydrogen sulphide gas on the rat heart

Xianfeng Sun (Rui Wang)
Physiology, Medicine, University of Saskatchewan
The molecular composition of KATP channels in various types of vascular smooth muscle cells

Renée Torgerson (Ronald Labonte, co-supervisor Nazeem Muhajarine)
Saskatchewan Population Health and Evaluation Research Unit, University of Saskatchewan
Making globalization work for children: What makes the difference?

Heather L. Wilson (Andrew Potter)
Vaccine and Infectious Disease Organization, University of Saskatchewan
Functional pathogenomics of mucosal immunity

Biomedical Establishment Grants

Ronald Geyer Biochemistry, Medicine, University of Saskatchewan *Using peptide aptamers to analyze signal transduction pathways*	40,000 40,000	02-03 03-04
Katherine Hamilton Biochemistry, Medicine, University of Saskatchewan *Structure/function analysis of ubiquitin conjugating enzymes: Studies of yeast Ubc8*	40,000 40,000	02-03 03-04
Yu Luo Biochemistry, Medicine, University of Saskatchewan *Structural study on key proteins in the bacterial SOS pathway*	40,000 40,000	02-03 03-04
Luis G. Melo Physiology, Medicine, University of Saskatchewan *Cell-based therapy for neovascularization of ischemic myocardium using genetically engineered autologous endothelial progenitor cells*	39,363 39,756	02-03 03-04
Stanley Moore Biochemistry, Medicine, University of Saskatchewan *Towards understanding the flagellar/type III protein export apparatus*	40,000 40,000	02-03 03-04
Janette van den Berghe Pediatrics, Medicine, University of Saskatchewan *The application of cytogenetics technology to the identification of prognostic factors in the progression of plasma cell dyscrasias*	40,000 40,000	02-03 03-04
Michael Voralia Oncology, Medicine, University of Saskatchewan *Role of B lymphocyte stimulator (BLyS) in multiple myeloma*	40,000 40,000	02-03 03-04

Hong Wang 40,000 02-03
Biochemistry, Medicine, University of Saskatchewan 40,000 03-04
Novel plant proteins for modulating human CDK activity and tumor cell division

Biomedical Equipment Grants

Ronald Geyer 29,874 02-03
Biochemistry, Medicine, University of Saskatchewan
Benchtop incubator, shaker, and other lab equipment

Katherine Hamilton 30,000 02-03
Biochemistry, Medicine, University of Saskatchewan
SunBlade 1000 computer workstation; floor model environmental shaker

Yu Luo 29,721 02-03
Biochemistry, Medicine, University of Saskatchewan
Desktop centrifuge and other lab equipment

Luis G. Melo 30,000 02-03
Physiology, Medicine, University of Saskatchewan
Stereomicroscope and image analysis system

Stanley Moore 30,000 02-03
Biochemistry, Medicine, University of Saskatchewan
Pharmacia purify FPLC apparatus

Janette van den Berghe 29,973 02-03
Pediatrics, Medicine, University of Saskatchewan
Leica 0550 Image Cytometer

Michael Voralia 29,510 02-03
Oncology, Medicine, University of Saskatchewan
VarioMACS cell sorting system and VERSAmax absorbance reader

Hong Wang 30,000 02-03
Biochemistry, Medicine, University of Saskatchewan
Novel plant proteins for modulating human CDK activity and tumor cell division

Socio-Health Establishment Grants

Adam D.G. Baxter-Jones — 32,057 02-03; 31,557 03-04
Kinesiology, University of Saskatchewan
Effects of physical activity and nutrition in childhood on subsequent adult body composition

David Blackburn — 28,628 02-03; 3,708 03-04
Pharmacy and Nutrition, University of Saskatchewan
Extent and consequences of non-adherence to "statin" therapy in patients at high-risk of cardiovascular events

Karen Lawson — 27,222 02-03; 21,577 03-04
Psychology, Arts and Science, University of Saskatchewan
Psycho-social determinants of prenatal testing uptake

Michael MacGregor — 26,533 02-03; 17,556 03-04
Psychology, Arts and Science, University of Saskatchewan
The relation between constructive anger verbal behaviour and blood pressure

Debra Morgan — 38,213 02-03; 39,949 03-04
Institute of Argricultural Rural & Envirnomental Health, Medicine, University of Saskatchewan
Physically aggressive behaviour toward nursing home staff in dementia special care units and integrated facilities: An attributional analysis

Strategic Development Grants

Donna Goodwin — 30,000 02-03
Kinesiology, University of Saskatchewan
With G. Binsted, M. Bouffard, J. Causgrove-Dunn, M. Mahon, J. Watkinson
Healthy active children with disabilities

Mary Hampton — 26,617 02-03
Psychology, Arts, University of Regina.
With A. Baydala, K. Goodwill, D. Wiszniak, R. Boekelder, L. Brass
End-of-life health care delivery: Completing the circle in Aboriginal and conventional medicines

Candice Schachter 24,074 02-03
Physical Therapy, Medicine, University of Saskatchewan
With C. Stalker, E. Teram
Developing guidelines for health professionals working with Aboriginal survivors of child abuse through consultation, collaboration and action research

Jerome Yager 30,000 02-03
Pediatrics, Medicine, University of Saskatchewan
With A. Majnemer, G. Smith, S.K. Lee, B. Richardson, N. Gelman
The neurologically impaired child: understanding the fetal/neonatal continuum

Conference and Meeting Grants

Bernhard Juurlink (with P. Paterson) 5,000 02-03
Anatomy and Cell Biology, Medicine, University of Saskatchewan
Oxidative stress in health and disease of the cardiovascular and nervous systems
May 2 – 5, 2002, Saskatoon, SK

James Randall 5,000 02-03
Geography, Arts and Science, University of Saskatchewan.
CUexpo International – community university research: partnerships policy and progress
May 8 – 10, 2003, Saskatoon, SK

Jerome Yager 5,000 02-03
Pediatrics, Medicine, University of Saskatchewan
The neurologically impaired child: understanding the fetal/neonatal conditions
October 18 – 20, 2002, Saskatoon, SK

Appendix 5
Report of Management

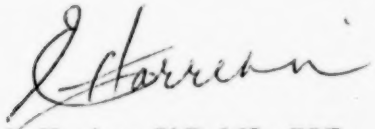
Management is responsible for the integrity of the financial information reported by the Health Services Utilization and Research Commission. Fulfilling this responsibility requires the preparation and presentation of financial statements and other financial information in accordance with generally accepted accounting principles that are consistently applied, with any exceptions specifically described in the financial statements.

The accounting system used by the Commission includes an appropriate system of internal controls to provide reasonable assurance that:

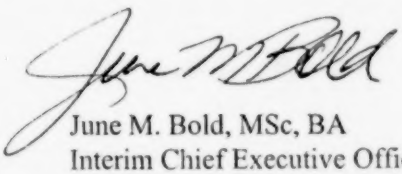
- transactions are authorized;
- the assets of the Commission are protected from loss and unauthorized use; and
- the accounts are properly kept and financial reports are properly monitored to ensure reliable information is provided for preparation of financial statements and other financial information.

To ensure management meets its responsibilities for financial reporting and internal control, the members of the Commission discuss audit and financial reporting matters with representatives of management at regular meetings. The Commission members have also reviewed and approved the financial statements with representatives of management.

The Provincial Auditor of Saskatchewan has audited the Commission's balance sheet and statements of revenue, expenditure and changes in fund balance and the statement of cash flows. His responsibility is to express an opinion on the fairness of management's financial statements. The Auditor's report outlines the scope of his audit and his opinion.



E. L. Harrison, PhD, MSc, BPT
Chair



June M. Bold, MSc, BA
Interim Chief Executive Officer

Saskatoon, Saskatchewan
April 11, 2003

Appendix 6
Financial Statements and Auditor's Report

Health Services Utilization and Research Commission

For the period April 1, 2002 to January 31, 2003

AUDITOR'S REPORT

To the Members of the Legislative Assembly of Saskatchewan

I have audited the statement of financial position of the Health Services Utilization and Research Commission as at January 31, 2003 and the statements of revenue, expenses and changes in fund balance and cash flows for the period then ended. The Commission's management is responsible for preparing these financial statements for Treasury Board's approval. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Health Services Utilization and Research Commission as at January 31, 2003 and the results of its operations and its cash flows for the period then ended in accordance with Canadian generally accepted accounting principles.

Regina, Saskatchewan
April 11, 2003

Fred Wendel, CMA, CA
Provincial Auditor

Statement 1

HEALTH SERVICES UTILIZATION AND RESEARCH COMMISSION
STATEMENT OF FINANCIAL POSITION
AS AT

	January 31, 2003					Mar 31, 2002
	Operating Fund	Regionalization Research Centre (Note 10)	SPHERU (Note 11)	Regional Partnership Program (Note 12)	Total	Total
ASSETS						
Current assets:						
Cash	$ 300	$ ---	$ ---	$ ---	$ 300	$ 150
Accrued Interest receivable	3,151	---	---	---	3,151	4,080
Accounts receivable	40,712	---	---	---	40,712	19,681
Short-term investments (Note 2(e) and 3)	397,050	20,377	---	---	417,427	1,914,938
Prepaid expenses	87	---			87	2,593
	441,300	20,377	---	---	461,677	1,941,442
Long-term investments (Note 2(e) and 3)	4,079,500	---	1,179,051	71,461	5,330,012	4,750,645
Capital assets (Note 2(c) and 6)	7,580	---	---	---	7,580	63,983
Total assets	$4,528,380	$ 20,377	$ 1,179,051	$ 71,461	$ 5,799,269	$ 6,756,070
LIABILITIES & FUND BALANCE						
Liabilities:						
Bank debt	$ 219,816	$ ---	$ ---	$ ---	$ 219,816	$ 2,094
Deferred Revenue (Note 7)	154,834	---	---	---	154,834	---
Accounts payable	23,389	---	---	---	23,389	58,300
Grants payable	924,829	---	---	---	924,829	646,756
Total liabilities	1,322,868	---	---	---	1,322,868	707,150
Fund balances:						
Externally restricted	---	20,377	---	---	20,377	116,185
Internally restricted	---	---	1,179,051	71,461	1,250,512	1,459,542
Unrestricted	3,205,512	---	---	---	3,205,512	4,473,193
Fund balances (Statement 2)	3,205,512	20,377	1,179,051	71,461	4,476,401	6,048,920
Commitments (Note 13)						
Total liabilities & fund balance	$4,528,380	$ 20,377	$ 1,179,051	$ 71,461	$ 5,799,269	$ 6,756,070

(See accompanying notes to the financial statements)

Statement 2

HEALTH SERVICES UTILIZATION AND RESEARCH COMMISSION
STATEMENT OF REVENUE, EXPENSES AND CHANGES IN FUND BALANCE
FOR THE PERIOD ENDED

	January 31, 2003						Mar 31, 2002
	Operating Fund		Regionalization Research		Regional Partnership		
	Budget (Note 9)	Actual	Centre (Note 10)	SPHERU (Note 11)	Program (Note 12)	Total	Total
Revenue:							
Saskatchewan Health General Revenue Fund	$ 2,508,000	$ 1,981,670	$ ---	$ 208,333	$ 333,334	$ 2,523,337	$ 3,158,000
Saskatchewan Industry and Resources	---	---	---	---	125,000	125,000	250,000
Federal Government							
HealNet Research Project	---	---	---	---	---	---	291,795
CHSRF(Note 10(b))	---	---	13,500	---	---	13,500	7,000
SRNA Project	---	---	---	---	---	---	20,000
IHI satellite conference	---	25,605	---	---	---	25,605	---
RRC conference registrations	---	---	---	---	---	---	47,560
RRC memberships (Note 10(c))	---	---	50,805	---	---	50,805	5,240
Recoveries	---	25,383	629	---	---	26,012	21,182
Interest	302,446	256,390	---	20,834	---	277,224	374,906
Gain on disposal of capital assets	---	250	---	---	---	250	200
Miscellaneous	---	5,106	3,810	---	---	8,916	17,537
Total revenue	2,810,446	2,294,404	68,744	229,167	458,334	3,050,649	4,193,420
Expenses:							
Student grants	---	---	---	---	---	---	14,542
Research grants	1,996,914	1,761,078	---	433,875	754,323	2,949,276	3,321,775
Wages and benefits	986,896	751,880	65,754	---	---	817,634	967,157
Administrative and operating expenses	433,845	216,242	13,455	---	---	229,697	302,089
Honoraria and expenses of the board and committees	49,360	12,215	---	---	---	12,215	30,004
Amortization expense	---	13,212	1,019	---	---	14,231	26,878
Rent		28,328	93,221	---	---	---	93,221
29,587							
Loss on disposal of capital assets	---	30,270	---	---	---	30,270	1,054
Total expenses	3,495,343	2,878,118	80,228	433,875	754,323	4,146,544	4,693,086
Excess (deficiency) of revenue over expenses	$ (684,897)	(583,714)	(11,484)	(204,708)	(295,989)	(1,095,895)	(499,666)
Fund balance, beginning of period		4,473,193	116,185	1,175,426	284,116	6,048,920	6,548,586
Transfer between funds (Note 11 and 12)		(291,667)	---	208,333	83,334	---	---
Transfer to third parties (Note 1 and 10)		(392,300)	(84,324)	---	---	(476,624)	---
Fund balance, end of period (Statement 1)		$ 3,205,512	$ 20,377	$ 1,179,051	$ 71,461	$ 4,476,401	$ 6,048,920

(See accompanying notes to the financial statements)

HEALTH SERVICES UTILIZATION AND RESEARCH COMMISSION
STATEMENT OF CASH FLOWS
FOR THE PERIOD ENDED

	Operating Fund	Regionalization Research Centre (Note 10)	SPHERU (Note 11)	Regional Partnership Program (Note 12)	Total Jan 31 2003	Total Mar 31 2002
Cash provided by (used in):						
Operating activities:						
Excess (deficiency) of revenue over expenses (Statement 2)	$ (583,714)	$ (11,484)	$ (204,708)	$ (295,989)	$ (1,095,895)	$ (499,666)
Non-cash items:						
Amortization expense	13,212	1,019	---	---	14,231	26,878
(Gain) loss on disposal of capital assets	30,021	---	---	---	30,021	854
Net Changes in non-cash working capital (Note 4)	387,087	(6,687)	---	---	380,400	271,233
	(153,394)	(17,152)	(204,708)	(295,989)	(671,243)	(200,701)
Investment activities:						
Decrease (increase) in short-term investments	701,513	95,998	450,000	250,000	1,497,511	(433,784)
Decrease (increase) in long-term investments	(88,397)	---	(453,625)	(37,345)	(579,367)	424,211
Purchases of capital assets	(18,558)	(3,765)	---	---	(22,323)	(11,588)
Proceeds from disposal of capital assets	250	---	---	---	250	200
Transfer of capital assets (Note 1 and 10)	25,131	9,093	---	---	34,224	---
	619,939	101,326	(3,625)	212,655	930,295	(20,961)
Net increase (decrease) in cash	466,545	84,174	(208,333)	(83,334)	259,052	(221,662)
Cash, beginning of period	(2,094)	150	---	---	(1,944)	219,718
Transfers between funds (Note 11 and 12)	(291,667)	---	208,333	83,334	---	---
Transfers to third parties (Note 1 and 10)	(392,300)	(84,324)	---	---	(476,624)	---
Cash and bank indebtedness, end of period	$ (219,516)	$ ---	$ ---	$ ---	$ (219,516)	$ (1,944)

(See accompanying notes to the financial statements)

HEALTH SERVICES UTILIZATION AND RESEARCH COMMISSION
NOTES TO THE FINANCIAL STATEMENTS
January 31, 2003

1. Establishment and Dissolution of the Commission

Order in Council 165/92 established the Health Services Utilization and Research Commission (Commission) as a Crown corporation on February 20, 1992. The Commission has been continued pursuant to *The Health Services Utilization and Research Commission Act*. The Commission reviews, analyzes and makes recommendations as to the most effective utilization of health services in Saskatchewan and provides research funding.

On December 31, 2002, the Health Quality Council was established under *the Health Quality Council Act* and certain fixed assets, cash, personnel and existing contracts were transferred from the Commission to the Health Quality Council as per a written transfer agreement. These amounts are shown as a transfer of $392,300.

On January 31, 2003, *The Health Services Utilization and Research Commission Act* was repealed and the Saskatchewan Health Research Foundation was established under *the Saskatchewan Health Research Foundation Act*. Pursuant to the *Saskatchewan Health Research Foundation Act*, all property, assets, liabilities, rights and obligations (including financial commitments) of the Commission were transferred to the Saskatchewan Health Research Foundation.

These financial statements represent the financial position of the Commission and the statements of revenue, expenses, and changes in fund balance and cash flows immediately prior to the *Health Services Utilization and Research Commission Act* being repealed.

2. Accounting Policies

The Commission maintains its accounts using Canadian generally accepted accounting principles including the following significant accounting policies:

a) Fund Accounting

The accounts of the Commission are maintained in accordance with the principles of restricted fund accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following funds:

i) Operating Fund

The Operating Fund reflects the primary operations of the Board including Saskatchewan Health - General Revenue Fund revenues received to provide research funding to various researchers and to conduct in-house

utilization research. Other revenue consists of income from the Institute for Healthcare Improvement (IHI) Conference organized by the Commission, recoveries, interest and miscellaneous revenue. Expenses consist of the research grants awarded, cost of in-house utilization research, administrative costs and costs for the IHI Conference.

ii) Restricted Fund – Regionalization Research Centre

The Regionalization Research Centre Fund reflects revenue received from the Canadian Health Services Research Foundation (CHSRF), memberships, recoveries and miscellaneous revenue. Expenses consist of costs of in-house and contract research staff, administrative costs and conference costs. This fund was previously referred to as the HEALNet Research Project Fund.

iii) Restricted Fund – Saskatchewan Population Health and Evaluation Research Unit (SPHERU).

The SPHERU Fund reflects transfers from the Commission, and revenue from Saskatchewan Health – General Revenue Fund. Expenses consist of research grants.

iv) Restricted Fund – Saskatchewan – Canadian Institutes of Health Research Regional Partnership Program (RPP).

The RPP Fund reflects transfers from the Commission, and revenue from Saskatchewan Health – General Revenue Fund and Saskatchewan Industry and Resources (formerly Saskatchewan Economic & Co-operative Development). Expenses consist of research grants.

b) Research Grants

Annual Competitions

The Commission holds annual competitions through which funds are awarded to successful applicants for terms of up to two years. The Commission expenses the approved funds for each year of the grant, provided recipients meet eligibility criteria. Awarded amounts not paid or payable at year-end are recorded as commitments in the notes to the financial statements.

The balance of funds advanced to administering institutions in excess of the current requirements of researchers is held in trust by those institutions until drawn down by the researchers. Funds not spent during the life of a successfully completed research grant are treated as a recovery in the year that this is determined. These funds are then available to be awarded for future research.

c) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets are amortized on a straight-line basis over their estimated useful lives (3 to 10 years).

d) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. All other restricted contributions are recognized as revenue of the appropriate restricted fund.

e) Investments

Investments are valued at the lower of amortized cost or net realizable value.

3. Investments

	2003		2002	
	Carrying Value	Effective Rate	Carrying Value	Effective Rate
Short-term investments	$ 417,427		$ 1,914,938	
Long-term investments:				
Government of Canada Strip Bonds, mature in 4-13 months	645,336	3.3 - 5.8%	274,737	5.8%
Farm Credit Corporation Bond, mature in 9-18 months	625,268	2.7 - 5.9%	603,225	2.7- 5.9%
Province of Quebec Bond, matures in 3 months	463,727	6.0%	442,345	6.0%
Province of British Columbia Strip Bonds, mature in 1-2 years	1,502,813	6.1 - 6.5%	1,435,774	6.1 - 6.5%
Province of Ontario Bonds, mature in 1-3 years	1,278,728	6.0 - 6.6%	1,214,699	6.0 - 6.6%
Ontario Hydro Bond, matures in 2 years	273,328	6.0%	260,292	6.0 %
Province of Saskatchewan Savings Bond, matures in 2 years	100,000	5.8%	100,000	5.8 %
Province of Manitoba Bond,				

matures in 4 years	440,812	5.6%	419,573	5.6%
	5,330,012		4,750,645	
	$ 5,747,439		$ 6,665,583	

4. Changes in Components of Non-Cash Working Capital

	Operating Fund	Regionalization Research Centre	Total Jan 2003	Total Mar 2002
Decrease in accrued interest receivable	$ 929	$ ---	$ 929	$ 561
(Increase) decrease in accounts receivable	(30,577)	9,546	(21,031)	(1,407)
Decrease (increase) in prepaid expenses	2,506	---	2,506	(1,555)
Increase in deferred revenue	154,834	---	154,834	---
(Decrease) increase in accounts payable	(18,678)	(16,233)	(34,911)	39,881
(Decrease) in payroll liabilities	---	---	---	(561)
Increase (decrease) in grants payable	278,073	---	278,073	234,314
Net changes in non-cash working capital	$ 387,087	$ (6,687)	$ 380,400	$ 271,233

5. Related Party Transactions

Included in these financial statements are transactions with various Saskatchewan Crown Corporations, departments, agencies, boards and commissions related to the Commission by virtue of common control by the Government of Saskatchewan, and non-Crown corporations and enterprises subject to joint control or significant influence by the Government of Saskatchewan (collectively referred to as "related parties").

Routine operating transactions with related parties are recorded at the standard rates charged by those organizations and are settled on normal trade terms. These transactions, and amounts outstanding at year-end are as follows:

	Jan 2003	Mar 2002
Research grant, administrative and occupancy expenses:		
Capital Pension Plan - employee benefits	$ 36,964	$ 34,141
Regina Qu'Appelle Regional Health Authority (formerly RHD)	60	16,557
Saskatchewan Cancer Agency	---	15,500
Saskatchewan Health	8,334	---
Saskatchewan Opportunities Corporation	117,527	---
SaskTel	11,313	624
Saskatoon Regional Health Authority (formerly SDH)	24,995	55,741
University of Regina	256,789	397,339
University of Saskatchewan	2,700,324	2,923,265
Other	6,276	7,021

Accounts payable	20,278	38,618
Grants payable	924,829	646,756
Accounts receivable	27,470	4,600

The Commission pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

Other transactions with related parties and amounts due to or from them are described separately in these financial statements and the notes thereto.

6. Capital Assets

	Jan 2003			Mar 2002
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Furniture & Equipment	$ 26,928	$ 19,348	$ 7,580	$ 63,983

7. Deferred Revenue

Deferred revenue of $154,834 represents the amount received from Saskatchewan Health in January for the Saskatchewan Health Research Foundation's operations for February 2003.

8. Financial Instruments

The Commission has the following financial instruments: accrued interest receivable, accounts receivable, investments, accounts payable, and grants payable. The following paragraphs disclose the significant aspects of these financial instruments.

a) Significant terms and conditions

There are no significant terms and conditions associated with the financial instruments, other than investments, that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for investments are described separately in these financial statements and the notes thereto.

b) Interest rate risk

The Commission is exposed to interest rate risk when the value of its financial instruments fluctuate due to changes in market interest rates.

The Commission's receivables and payables are non-interest bearing. Due to the short-term nature of these, as well as cash and short-term investments, interest rate risk is minimal.

As market interest rates fluctuate the market value of long-term investments moves in the opposite direction. This risk will affect the price the Commission could sell the investments for prior to maturity.

c) Credit risk

The Commission is exposed to credit risk from potential non-payment of accounts receivable or investment income and principal.

Most of the Commission's receivables are from provincial and federal governments, therefore the credit risk is minimal.

The Commission's investments consist of provincial and federal government bonds, promissory notes, treasury bills and bankers acceptances with large Canadian banks. Therefore, credit risk for investments and related accrued interest receivable is minimal.

d) Fair Value

For the following financial instruments, the carrying amounts approximate fair value due to their immediate or short-term nature:

Accrued interest receivable
Accounts receivable
Short-term investments
Accounts payable
Payroll liabilities
Grants payable
Bank debt

The fair value of long-term investments is $5,456,407 (2002 - $4,797,474). The fair value is considered to approximate quoted market values.

9. Budget

These amounts represent the operating budget approved by the Board on June 20, 2002. The budget was prepared based on the Commission operating for 12 months.

10. Regionalization Research Centre

On June 30, 2002, certain assets, liabilities held by the Commission for the Regionalization Research Centre (RRC) were transferred to the Canadian Centre for

Analysis of Regionalization and Health, Inc., as per a written transfer agreement. These amounts totalled $84,324. Some of the personnel of the Commission were also transferred, pursuant to the agreement.

a) Networks of Centres of Excellence Program (NCE) - HEALNet Research Project

The Commission spent $80,053 during the period April to June 2002. Under the terms of the transfer agreement, unused funding of $20,377 has been retained by the Commission for future expenditures to complete the HEALNet Research Project.

b) Canadian Health Services Research Foundation (CHSRF)

In 2000/2001, the Commission received for the Regionalization Research Centre, a grant from the Canadian Health Services Research Foundation for the Centre's involvement in a study administered through McMaster University. During the period April-July 2002, the final payment of $13,500 was received. No money was spent during that period. Unused funding has been transferred to the Canadian Centre for Analysis of Regionalization and Health, Inc.

c) Memberships

From April 2002 to July 2002, the Commission received $50,805 (2002 -$5,240) in membership fees.

11. Saskatchewan Population Health Evaluation and Research Unit (SPHERU)

On July 9, 1999, the Saskatchewan Population Health and Evaluation Research Unit, Inc. (SPHERU) was incorporated as a separate entity under *The Non-Profit Corporations Act, 1995.* This corporation focuses on enhancing health and social planning, evaluating health system changes, improving health information use for planning and evaluation and health policy development.

The corporation is funded by Saskatchewan Health and the Commission which provided $208,333 each during the period. The Commission administers the funds for the corporation and distributed $433,875 to SPHERU, Inc. during the period. Unused funding will be transferred to the Saskatchewan Health Research Foundation.

12. Saskatchewan – Canadian Institutes of Health Research Regional Partnership Program

The program was set up in 1999/2000 to provide funding support for Saskatchewan researchers and research projects. During the period, the program received funding from Saskatchewan Health, Saskatchewan Industry and Resources and the Commission, which provided $333,334, $125,000 and $83,334 respectively. The Commission agreed to manage the funds for the program, in a signed agreement with Saskatchewan Industry and Resources (formerly Saskatchewan Economic and Co-

operative Development). Unused funding will be transferred to the Saskatchewan Health Research Foundation.

13. Commitments

At January 31, 2003, the Commission had the following commitmerts:

a) Research Grants

The Board has approved research grants for payment in February-March 2003 of $25,500, 2003/2004 of $785,453, in 2004/2005 of $128,625 and in 2005/2006 of $15,312.

b) SPHERU

Under a memorandum of understanding, signed October 31, 1999, the Commission will pay SPHERU $250,000 per year and interest up to $25,000 per year until the year 2006/2007.

c) RPP

As per a May 1999 agreement between Saskatchewan Health, Saskatchewan Industry and Resources (formerly Saskatchewan Economic and Co-operative Development) and CIHR (formerly the Medical Research Council of Canada), the Commission will contribute $100,000 per year until the year 2003/2004.

d) Health Co-ordinator

Under a memo of understanding between the Commission and the University of Saskatchewan signed in November 1999, the Commission will contribute $100,000 per year until 2004/2005 to support a University Co-ordinator of Health Research position.

14. Pension Plan

The Commission is a participating employer in the Capital Pension Plan, a defined contribution pension plan. Eligible employees make monthly contributions of 5.5% of gross salary, which are matched by the Commission. During the period, the Commission's total contributions were $36,964 (2002 - $34,141).